



Complete Summary

TITLE

Child and adolescent major depressive disorder: percentage of patients aged 6 through 17 years with a diagnosis of major depressive disorder who received or were referred for psychotherapy during an episode of major depressive disorder.

SOURCE(S)

Physician Consortium for Performance Improvement®. Child and adolescent major depressive disorder physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 30 p. [13 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 6 through 17 years with a diagnosis of major depressive disorder who received or were referred for psychotherapy during an episode of major depressive disorder.

RATIONALE

Although psychotherapy is recommended for children and adolescents with a diagnosis of major depressive disorder, research has indicated that it is currently underutilized and declining in use. In 2001-2002, approximately 68% of children and adolescents being treated for major depressive disorder received psychotherapy or mental health counseling, a 15% decrease from 6 years earlier.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Each phase of treatment should include psychoeducation, supportive management, and family and school involvement...all subjects require supportive psychotherapeutic management, which may include active listening and reflection, restoration of hope, problem solving, coping skills, and strategies for maintaining participation in treatment. (American Academy of Child and Adolescent Psychiatry [AACAP], 2007)

Education, support, and case management appear to be sufficient treatment for the management of depressed children and adolescents with an uncomplicated or brief depression or with mild psychosocial impairment. (AACAP, 2007)

For children and adolescents who do not respond to supportive psychotherapy or who have more complicated depressions, a trial with specific types of psychotherapy and/or antidepressants is indicated. (AACAP, 2007)

PRIMARY CLINICAL COMPONENT

Child and adolescent major depressive disorder; psychotherapy

DENOMINATOR DESCRIPTION

All patients aged 6 through 17 years with a diagnosis of major depressive disorder (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who received or were referred for psychotherapy during an episode of major depressive disorder

Note: Refer to the original measure documentation for administrative codes.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Practice parameters for the assessment and treatment of children and adolescents with depressive disorders.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Ma J, Lee KV, Stafford RS. Depression treatment during outpatient visits by U.S. children and adolescents. J Adolesc Health 2005 Dec;37(6):434-42. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Ages 6 through 17 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 6 through 17 years with a diagnosis of major depressive disorder

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 6 through 17 years with a diagnosis of major depressive disorder

Note: Refer to the original measure documentation for administrative codes.

Exclusions

- Documentation of medical reason(s) for not providing or referring for psychotherapy
- Documentation of patient reason(s) for not providing or referring for psychotherapy (includes family reasons)

- Documentation of system reason(s) for not providing or referring for psychotherapy (e.g., psychotherapy not regionally available)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who received or were referred for psychotherapy during an episode of major depressive disorder

Note: Refer to the original measure documentation for administrative codes.

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #4: psychotherapy.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Child and Adolescent Major Depressive Disorder Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement®

DEVELOPER

Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 Sep

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Physician Consortium for Performance Improvement®. Child and adolescent major depressive disorder physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 30 p. [13 references]

MEASURE AVAILABILITY

The individual measure, "Measure #4: Psychotherapy," is published in "Child and Adolescent Major Depressive Disorder Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site:
www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on March 2, 2009. The information was verified by the measure developer on April 13, 2009.

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